

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2918

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **0870**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis, Mo.)		a. STATE Oklahoma b. COUNTY Washington	
c. LENGTH OF STAY (in this place) 3 days		c. CITY OR TOWN Bartlesville	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL 6		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS (If rural, give location) 821 So. Johnstone St.		83508	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) Spencer	b. (Middle) P.	c. (Last) Nunley	(Month) (Day) (Year) Jan. 31, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 25, 1903
9. AGE (In years last birthday) 52	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Traffic Manager	10b. KIND OF BUSINESS OR INDUSTRY Phillips Petro. Co.	11. BIRTHPLACE (City and State or Foreign Country) Aurora, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Spencer R. Nunley	
13b. MOTHER'S MAIDEN NAME Amanda Adams		14. NAME OF HUSBAND OR WIFE Doris Nunley	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 442-07-0527	17. INFORMANT'S SIGNATURE OR NAME Doris Nunley, Bartlesville, Okla.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ventricular Fibrillation		INTERVAL BETWEEN ONSET AND DEATH 10 yrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c)		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4200

22. I hereby certify that I attended the deceased from **Jan. 28**, 19**55**, to **Jan. 31, 1955**, that I last saw the deceased alive on **Jan. 31, 1955** and that death occurred at **7:30A m.**, from the causes and on the date stated above.

23a. SIGNATURE C. J. Vermillion, M.D. (Degree or title)	23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED 1/31/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Jan. 31, 1955	24c. NAME OF CEMETERY OR CREMATORY Bartlesville, Okla.
24d. LOCATION (City, town, or county) (State)	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS G. Hofmeister Colonial Mortuary 6464 Chippewa St., St. Louis, Mo.	

DATE REC'D BY LOCAL REG. JAN 31 1955	REGISTRAR'S SIGNATURE Carl Smith M.D.	(Licensed Embalmer's Statement on Reverse Side)
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Harry J. Schumacher*
Licensed Embalmer No. *No. 79*

P. O. Address *787 1/2 So. Park*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.